

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a class C Charter
Certificate from Roosevelt Anthony

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

217091

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-230-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by:

Roosevelt Anthony

Address:

2703 Castleman Dr.

Alpharetta, GA 30815

Telephone:

(706) 726-9937

Fax:

1-888-712-2130

Other:

Email:

jwbr@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE 6/3/, 2009**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Roosevelt Anthony

2. (a) Street Address of Applicant 2703 Castle town Drive, Hephzibah, GA

30815

- (b) Mailing address, if different from street address PO Box 5299

Augusta, GA 30916

- (c) Telephone Number (706) 726-9937 Fed ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:		
Cash	300	
Receivables	NA	
Real Estate	NA	
Buildings and Equipment-Net	NA	
Motor Vehicles-Net	1,000	
Garage Equipment-Net	NA	
Machinery and Tools-Net	NA	
Supplies on Hand	NA	
Prepays and Other Assets	NA	
Total Assets	1,300	
Liabilities and Equity:		
Accounts Payable	NA	
Notes Payable	NA	
Mortgages Payable	NA	
Equipment Obligations	NA	
Accrued Salaries and Wages	0	
Other Accrued Obligations	0	
Other Liabilities	0	
Total Liabilities	0	
Capital Stock	1	
Retained Earnings	0	
Total Equity	0	
Total Liabilities and Equity	1	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Roosevelt Anthony, owner
(Name of Applicant's Representative) (Title)

of Roosevelt Anthony, the Applicant for the Certificate of Public
(Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Augusta, GA

This the 3rd day of June 20 09

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: Oct 24, 2010

EXHIBIT C

CLASS C CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Roosevelt Anthony

For the transportation of passengers as follows:

Area to be served: StatewideNumber of passengers: 6Fares: Gas reimbursement 40¢ per mileDate 6/3/09Roosevelt Anthony
ByOwner
Title

Rev.10/03

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 6/3/09

Roosevelt Anthony
(Applicant)

(Applicant's Representative) /

(Title) owner

INSURANCE QUOTE

The following insurance quote is for:

Roosevelt Anthony
(Name of Motor Carrier)

Castletown Drive Memphis, Ga. 30815
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 4,500

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Geico Insurance Co
(Insurance Company Name)

One Geico Plaza Washington DC. 20076
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/1/09
Date

Christopher Allen
(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA

Name: Roosevelt Anthony
Address: 2703 Castlewood Drive, Hopkirk, GA 30815
Telephone No. (706) 726-9937 **Fax No.** 888-712-2130
U.S.D.O.T. No. NA **ICC No.** N/A

- Does Applicant have a Safety Rating from the U.S.D.O.T.?


Yes _____ No ☒ Pending _____ (Submit when received)
 (If "yes", indicate rating and provide copy) Satisfactory _____
 Conditional _____
 Unsatisfactory _____
- Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

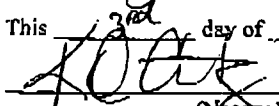
Yes _____ No ☒
- Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ☒
 (If "yes", indicate nature of judgment(s).)
- Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____
- Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


 (Applicant's Signature)

Sworn to before me
 At Augusta, GA
 This 3rd day of June, 2009

 (Notary Public)
 Commission Expires: Oct 24, 2010